

APPLICATION

This is request for determination to your department whether or not the project constitutes substantial improvement in accordance with Chapter 11C of the Miami-Dade County Code. The following information is provided for your determination.

Process # _____ Folio #: _____ - _____ - _____

Owner's Name : _____

Property Address : _____ Phone (305) _____

Subdivision : _____ Lot _____ Blk _____

Plat Book _____ Page: _____ Legal _____

_____ Market Value: I am attaching an appraisal report of my property by _____
State Certified Appraisal. License # _____ Initials _____

_____ Estimated Market Value: I am not submitting an appraisal report of my property. I accept Dade County's a
assessment value plus 20%: equals value Initials: _____

Cost of Construction- Scope of Work Cost:

Interior Renovation-Cost of Work (Must attach itemized list): \$ _____

Addition -Cost of Work _____ Sq. Ft. @ (\$47 Sq. Ft. Living Space): \$ _____

_____ Sq. FT. @ (\$35 Sq. Ft. Storage, Garage, & Terrace): \$ _____

☐ See attached itemized Scope of work

Total Cost of Construction \$

I understand that the work amount indicated above is going to be kept on record during a 6-month period from the date of issuance of the certificate of completion. If any additional repair, reconstruction, alteration, remodeling or combination thereof is done before the certificate of completion is issued, it will be considered a continuance of the above work.

Initials _____

I accept the attached estimate cost of construction or above work cost as a fair cost of repair, reconstruction, alteration of my home. I understand that DERM may inspect my property to verify damages, additions, remodeling and reconstruction. If an inspection reveals that additional demolition, repair, reconstruction, alteration, remodeling or combination thereof, has been made which was not indicated on the attached list of construction of work amount cost, it will be considered a continuance of the work, and may result in Substantial Improvement/Damage. If the property is declared Substantially Damaged it will have to be elevated accordance with Chapter 11C of the Dade County Code.

Initials _____

I understand there is an appeal period for this process and I have read and understood the guidelines for the appeal process. I also understood that if my home is declared substantially Damage/Improved a building permit hold will be placed on this home until plans are submitted indicating that this structure will be elevated, in cases of damage the file will be referred to Building and Zoning Unsafe Structures Section. I must show intent to rebuild within 30 days of receipt of the substantial improvement and/ or damage Certificate.

Initials _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Owner

Co-owner

Contractor/Engineer/Architect
SCOPE OF WORK

The following values of materials, servicing equipment and labors costs shall represent actual market transactions. No discounted below market costs are accepted.

Folio: _____ - _____ - _____ Process Number :

Owner Name: _____ Job Address: _____

ITEMS	(ALL THE ITEMS SHALL BE COMPLETE)		COST
	UNIT	DESCRIPTION	LABOR + MATERIALS
Blks/Conc & Form/ Demolition			
Lumber (Trees/Roofsht/Std, Rft)			
Re-Roofing (Tile/Shingle/T&G)			
Insulation & Weather Strip.			
Exterior Finish (Stucco)			
Interior Finish (Drwl/Plaster)			
Doors, Windows & Shutters			
Finish Carp. (Base/Trim/Hardware)			
Cabinets (Built-in)			
Floor Covering (Tile/Rug)			
Plumbing (Fixtures/Enclosed/Mirror)			
Electrical (Include Light Fixtures)			
Build-in Appliances			
HVAC			
Wall Finishes (Paint, Paper, etc.)			
Overhead & Profit			
• For additional information, see attached.			

I hereby attest to the fact that I personally prepared the Scope of Work assigned to the above property on _____. I further understand that if I find any additional repairs, additions, reconstruction, alteration, remodeling or combinations thereof, exist outside the above Scope of Work; I am required to stop all work and notify the Owner and DERM, Plan Review Section of this condition. I will not resume work until receiving written approval to do so from DERM, Plan Review. I understand, that I am subject to enforcement and penalties and/or fines for violation action if an inspection of the property reveals that repairs, additions, reconstruction, alteration, remodeling or combinations thereof were made beyond the scope of work indicated above on legal, non-conforming or illegal structures. I understand that any permit issued by the Planning, Development & Regulations Department pursuant to this Scope of Work does not authorize the repairs, reconstruction, alteration, remodeling or combinations thereof on the subject property without DERM Plan Review Section approval. ALL INFORMATION SUBMITTED IN SUPPORT OF THIS REQUEST IS CORRECT TO THE BEST OF MY ABILITY. I UNDERSTAND THAT I AM SUBJECT TO ENFORCEMENT ACTION AND FINES FOR ANY FALSE STATEMENT OR INFORMATION PROVIDED IN ACCORDANCE WITH MIAMI-DADE COUNTY CODE CHAPTER 11C.



_____ Lic #: _____ Address: _____
_____ Phone: _____
Owner/Cont./Eng./Arch. Name: (print) _____ (if over \$15,000.00) _____ (print) _____
_____ Date: _____ _____ Date: _____

Signature

Witness Name (print)

Signature

OWNER SCOPE OF WORK AFFIDAVIT

Folio _____ - _____ - _____ Address _____ Process Number _____

Job Address: _____ City, State, Zip Code: _____

I hereby attest to the fact that all additional repairs, reconstruction, alterations, remodeling, additions or combination thereof on this property will be limited to work as describe on the attached Scope of work form dated _____ prepared by _____ LIC# _____

in the amount of \$ _____

(Agent/Owner). No other individual has made or will make any repairs, reconstruction, alterations, addition or combinations thereof not included in the above-mentioned scope of work.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveal that I have made repairs, reconstruction, alterations, remodeling, addition or combinations thereof **NOT INCLUDED ON THE SCOPE OF WORK, RECONSTRUCTION, ALTERATIONS, REMODELING, ADDITIONS OR COMBINATIONS THEREOF**, or that I have included non-conforming or illegal structures/additions, to the existing structure without having presented plans for such repairs, reconstruction, alterations, remodeling or combinations thereof. I understand that any permit issued by the Building Dept. pursuant to this affidavit does not authorize the REPAIRS, RECONSTRUCTION, ALTERATIONS, REMODELING, ADDITIONS OR COMBINATIONS THEREOF, of structure the subject property.

If any damage beyond the Scope of Work is uncovered or additional repairs, reconstruction, alterations, remodeling, additions or combinations thereof occur or improvements are considered, I shall notify DERM Water Control Section immediately. By accepting the attached scope of Work submitted, I assume all risk, that if, any work outside the attached describe, any additional damage exists or any improvements are installed during construction or within 6 months of the issuance of a Certificate of Completion, a recalculation will be done. If this extra work causes the structure to exceed the 50% threshold, the status of my structure will be changed from NON-SUBSTANTIALLY DAMAGED to SUBSTANTIALLY DAMAGED and consequently force my property to meet the elevation requirements set forth in Chapter 11C of the Metropolitan Dade County Code. I understand that my acceptance of this determination is binding upon present owners, successors, and assigns. I also accept the obligation to disclose this information as required by ordinance #93-21 of the Miami-Dade Code, Chapter 11C.

Acknowledgement, if the existing floor elevation of the above reference building is below the minimum required elevation by code and it is determined to be substantially improved or damage. I understand that if the project is completed without elevating to the minimum required elevation. The property may be subject to actual risk flood insurance premiums, which could cost thousands of dollars a year. In addition, if no affordable flood insurance policy can be found financial institutions may deny mortgage. I understand that this building remains subject to substantial determination review, and the cots indicated on the scope of work form is cumulative to any additional improvements or damages that could occur during six-month period after the certificate of completion for this approval has been issued. I am aware that your office reserved the right to inspect the project that the work will progress in accordance with the scope of work submitted. I understand that we are responsible for calling for a before final an inspection Please call 786-315-2838.

Owner Name _____

Print

CO-Owner _____

Print

Signature _____ Date _____

Signature _____ Date _____



STATE OF FLORIDA, COUNTY OF _____

Before me, this day personally appeared _____, who, being duly sworn deposes and says that he has read,
(Print Name)
Understood, and agrees to comply with all of the aforementioned conditions.

(Signature of person making affidavit)

Sworn to and subscribed before me this _____ day of _____ A.D., 20_____

My commission expires _____

Notary Public State of Florida

Owner acknowledgement

Flood Insurance Disclosure for structures with the floor elevation below the Base Flood Elevation

Owner : _____

Address : _____

Folio : _____

Process # : _____

_____, Owner(s), acknowledges that the existing lowest floor elevation of the above reference building is below the minimum required by code. I understand that if the property is substantially improved without elevating it. It may be subject to actual risk flood insurance premiums, which could cost thousands of dollars a year. In addition if no affordable flood insurance policy can be found financial institutions may deny mortgage. I understand that this building remains subject to substantial determination review, and the ratio is cumulative to any additional improvements or damages that could occur for a six-month period after the certificate of completion for this approval has been issued. I am aware that a completion holds will be placed and the property is subject to inspection to verify that the construction is in accordance with the scope of work. In addition garage floors are considered the bottom-enclosed floor for insurance purposes. Residential homes with attached garage floor elevation below the Base Flood Elevation, and may also result in an increase flood insurance premium costs. **If your property has any of the above described situations, property owners are required by Chapter 11c-17 to disclose theses facts IN CONTRACTS FOR SALE OF REAL ESTATE**

SEC. 11C-17. REQUIRED DISCLOSURE IN CONTRACTS FOR SALE OF REAL ESTATE.

(A) IN ANY CONTRACT FOR THE SALE OF IMPROVED REAL ESTATE LOCATED IN UNINCORPORATED MIAMI- DADE COUNTY WHICH IS IN A **COASTAL HIGH HAZARD AREA OR SPECIAL FLOOD HAZARD AREA**, THE SELLER SHALL INCLUDE IN THE CONTRACT OR A RIDER TO THE CONTRACT THE FOLLOWING DISCLOSURE IN NOT LESS THAN 10-POINT BOLD-FACED TYPE:

THIS HOME OR STRUCTURE IS LOCATED IN A COASTAL HIGH HAZARD AREA OR SPECIAL FLOOD HAZARD AREA. IF THIS HOME OR STRUCTURE IS BELOW THE APPLICABLE FLOOD ELEVATION LEVEL AND IS SUBSTANTIALLY DAMAGED OR SUBSTANTIALLY IMPROVED, AS DEFINED IN CHAPTER 11C OF THE MIAMI- DADE COUNTY CODE, IT MAY, AMONG OTHER THINGS, BE REQUIRED TO BE RAISED TO THE APPLICABLE FLOOD ELEVATION LEVEL.

I (We) UNDERSTAND THAT THIS APPROVAL DOES NOT CREATE A LIABILITY ON THE PART OF MIAMI-DADE COUNTY OR ANY OFFICER OR EMPLOYEE THEREOF, FOR ANY DAMAGE, INSURANCE COST OR LOST OF PROPERTY THAT MAY RESULTS FROM ISSUENCE OF THIS APPROVAL.

Owner Name (print) Co-Owner name (Print) Date: _____

STATE OF FLORIDA, COUNTY OF _____



Before me, this day personally appeared _____, who, being duly sworn deposes and says that he has read, _____
(Print Name(s))

Understood, and agrees to comply with all of the aforementioned conditions.

(Signature of persons making affidavit)

Sworn to and subscribed before me this _____ day of _____ A.D., 2_____

Notary Public State of Florida

My commission expires _____

